<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependen	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes	PRELIMINARY INFORMATION - ANSWER EACH C	Filer Status  Member of the U.S. State: VH  House of Representatives District: 11  Report Type  Annual (May 15)  Amendment	THOMAS M. DAVIS III.	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
" income, trar	on standard	T INFOR	× ⊠	No U	No	No X	N <sub>N</sub>	OF THES	Officer or Employee		
nsactions, or liabilities of a spouse or dependent	roved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not of such a trust benefiting you, your spouse, or dependent child?	MATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	EACH OF THESE QUESTIONS	or Employing Office: ee Termination Date:	202-225-1492 (Daytime Telephone)	Form A For use by Members, officers, and employees
child because	trusts" need not	F THESE G	must be ans ed for each	arrangement with	or before the date	d receive any n the reporting	receive any regating more		A \$200 pena against anyo 30 days late.	U.S. HOUSE OF REPRESENTATIVES &	LEGISLATIVE R
Yes	Yes	NOITSAUS	wered and "Yes" response	es —	Xes X	Yes X	Yes		A \$200 penalty shall be assessed against anyone who files more than 30 days late.	TRE CLERK	LEGISLATIVE RESOURCE CENTER
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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

ve pay), lederal lettrement programs, and	beliefits leceived dilder the Social Security Ass.	Miny Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
;	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
SENATE OF VIRGINIA	SPOUSE SALARY	NA
ICG GOVERNMENT, LLC	SPOUSE SALARY	NA
STUDENT LOAN MARKETING ASSOCIATION	SPOUSE SALARY	NA

RTI STOCK	JER INVESTORS TRUST	BLACK AND DECKER SAUC	NEW YOR LIFE	BANK OF AMERICA (MINES SUGS)	OCEANA PROP. PARTNERS THE	<b>├</b> ──,	! ?	SP, Mega Corp. Stock	plans (such as 401(x) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK A  Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement
X	×	*	<b>**</b>	<b>X</b>	*	×	Indefinite	×	None	Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it
×	×	×	*	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income.
×	×	*	×	×	*	×	×	X	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ⋜         \$2,501 - \$5,000       <	Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
					U			S (partial)	reporting year.  If only a portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	BLOCK E  Transaction Indicate if the asset had purchases (P), or sales (S), or exchanges (E) exceeding

- SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name THOMAS M. DAVIS, IL

Page 4 of 8

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## SCHEDULE IV— TRANSACTIONS

Name THOMAS M. DAVIS, THE

DAVIS, TIL Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,	of Tra	Type of Transaction	tion	Date			Am	ount	of 7	rans	Amount of Transaction	on		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	σ	ဂ	D	ш	71	១	<b>=</b>	_	<b>د</b>	<u> </u>
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is	PURCHASE	SALE	EXCHANGE	or Quarterly, Monthly, or Bi-weekly, if applicable	1,001- 15,000	15,001- 550,000	650,001- 6100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS MOAVIS IL

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

spouse or dependent child that is totally independent of his or her relationship to you. or were paid by you and reimbursed by the sponsor. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination— City of Return	Lodging?	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	Y	Υ	2 Days
CONSUMER ELECTIMAK ASSOC	Tan a p	)(- / As ()-/ As - )c	h	<u>\</u>	۸)	= MUN
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#### SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

Position	Name of Organization
J 300 55 1000	Clark Goffyl Besed Cearne

### SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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	Date	Parties To
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